BREAST CANCER STAGE 0 - LOBULAR CARCINOMA IN-SITU

1. DIAGNOSIS

   A. Obtain biopsy of mass (Fine needle aspiration, Core, Incisional or Excisional).

   B. Bilateral mammography.

2. INITIAL WORK-UP

   A. History and Physical Examination.

   B. Review of pathology results.

   C. Obtain family history and assess the need for and the appropriateness of genetic counseling/testing.

3. INITIAL TREATMENT

   Patients may be considered for:

   A. Close surveillance is strongly recommended and should include monthly breast self-examination, physical examination of the breast every 6-12 months, annual mammography and consideration for prevention programs.

   B. Bilateral simple mastectomy/reconstruction.

   C. Participation in a clinical trial.

4. ADJUVANT THERAPY

   None.

BREAST CANCER STAGE 0 - DUCTAL CARCINOMA IN-SITU

1. DIAGNOSIS

   A. Obtain biopsy of mass (Fine needle aspiration, Core, Incisional or Excisional).

2. INITIAL WORK-UP

   A. History and Physical Examination.

   B. Review pathologic results.

   C. Obtain family history and assess the need for and appropriateness of genetic counseling/testing.

3. INITIAL TREATMENT

   A. Patients may be considered for mastectomy or wide excision. The treatment will depend upon tumor characteristics and the patient's desire for breast conservation.

      (1) Excision alone with wide negative margins for small, low grade tumors.

      (2) Excision with radiation for high grade tumors.

      (3) Simple mastectomy followed by immediate or delayed reconstruction. Axillary lymph node dissection is generally not indicated but may be considered for highly selected cases.

      (4) Post excisional mammography for DCIS detected by mammography, if breast conservation done.

      (5) Participation in a clinical trial.

4. ADJUVANT THERAPY

   A. Consider Tamoxifen 20 mg daily for 5 years after discussion with patient.

   B. Radiation therapy to the affected breast depending on grade, size and integrity of margins.

STAGE I BREAST CANCER

1. DIAGNOSIS

   A. Obtain biopsy of mass (Fine needle aspiration, Core, Incisional or Excisional).

   B. Bilateral mammography.

2. INITIAL WORK-UP

   A. History and Physical Examination.

   B. Chest X-ray if clinically indicated.

   C. Scans if clinically indicated. MUGA scan or echocardiography if clinically indicated for patients receiving certain types of chemotherapy.

   D. Evaluate prognostic factors including tumor size, histologic grade, estrogen and progesterone receptor status, lymph node involvement, menopausal status, and HER-2/neu gene expression.

3. INITIAL TREATMENT

   A. Lumpectomy with axillary lymph node dissection.

   B. Modified radical mastectomy or simple mastectomy followed by immediate or delayed reconstruction.

4. ADJUVANT THERAPY

   A. If tumor is less than 1 cm, no treatment except for patients with negative prognostic factors including high histologic grade, estrogen or progesterone receptor negativity and age <35.

   B. For estrogen receptor positive tumors < 1 cm, may consider Tamoxifen for 5 years.

   C. If tumor is greater than 1 cm and estrogen receptor negative, consider chemotherapy. If estrogen receptor positive, consider chemotherapy and Tamoxifen.

   D. Participation in a clinical trial.

STAGE II BREAST CANCER

1. DIAGNOSIS

   A. Obtain biopsy of mass (Fine needle aspiration, Core, Incisional or Excisional).

   B. Bilateral mammography.

2. INITIAL WORK-UP

   A. History and Physical Examination.

   B. Chest X-ray if clinically indicated.

   C. Scans if clinically indicated. MUGA scan or echocardiography if clinically indicated for patients receiving certain types of chemotherapy.

   D. Evaluate prognostic factors including tumor size, histologic grade, estrogen and progesterone receptor status, lymph node involvement, menopausal status, and HER-2/neu gene expression.

3. INITIAL TREATMENT

   A. Consider for induction chemotherapy, prior to definitive surgery/radiation therapy if breast conservation desired.

   B. Lumpectomy with axillary node dissection.

   C. Modified radical mastectomy or simple mastectomy with immediate or delayed reconstruction.

4. ADJUVANT THERAPY

   A. Estrogen receptor negative tumor, consider chemotherapy.

   B. Estrogen receptor positive tumor, chemotherapy and Tamoxifen.

   C. Participation in a clinical trial.

STAGE III BREAST CANCER

1. DIAGNOSIS

   A. Obtain biopsy of mass (Fine needle aspiration, Core, Incisional or Excisional).

   B. Bilateral mammography.

2. INITIAL WORK-UP

   A. History and Physical Examination.

   B. Chest X-ray if clinically indicated.

   C. Scans if clinically indicated. MUGA scan or echocardiography if clinically indicated for patients receiving certain types of chemotherapy.

   D. Evaluate prognostic factors including tumor size, histologic grade, estrogen and progesterone receptor status, lymph node involvement, menopausal status, and HER-2/neu gene expression.

3. INITIAL TREATMENT

   A. Consider induction chemotherapy for patients desiring breast conservation.

   B. Modified radical mastectomy.

4. ADJUVANT THERAPY

   A. Chemotherapy with and without Tamoxifen, depending on estrogen and progesterone receptor status.

   B. Participation in a clinical trail.

   C. Postoperative radiotherapy to the affected breast/chest wall and regional lymph nodes.

STAGE IV BREAST CANCER

1. DIAGNOSIS

   A. Obtain biopsy of mass (Fine needle aspiration, Core, Incisional or Excisional).

   B. Bilateral mammography.

2. INITIAL WORK-UP

   A. History and Physical Examination.

   B. Chest X-ray if clinically indicated.

   C. Scans if clinically indicated. MUGA scan or echocardiography if clinically indicated for patients receiving certain types of chemotherapy.

   D. Evaluate prognostic factors including tumor size, histologic grade, estrogen and progesterone receptor status, lymph node involvement, menopausal status, and HER-2/neu gene expression.

3. INITIAL TREATMENT

   A. External beam radiotherapy or mastectomy for control of local disease.

   B. If visceral disease is absent and estrogen and progesterone receptor positive, Tamoxifen alone or in combination with oophorectomy or LHRH agonist for pre-menopausal women or Tamoxifen alone for post-menopausal women.

   C. If visceral disease is present and/or estrogen and progesterone receptor negative, then consider multi-agent chemotherapy. If visceral disease is present and estrogen receptor positive, consider Tamoxifen alone or in combination with multi-agent chemotherapy.

   D. If HER-2/neu over-expression present, consider Herceptin with chemotherapy.

   E. Consider for palliative radiotherapy or surgery in selected situations.

   F. Best supportive care only with patients with poor functional status.